

REQUEST FOR SEGREGATION-MERGER

Mail to: Department of Assessments, 500 4th Avenue, Room 725, Seattle, WA 98104
(206) 263-2421 Fax (206) 296-0106

OWNER:			
ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE NO.:		DATE CALL TAKEN:	
PERSON RECEIVING CALL:		UNIT:	

Please (segregation) - (merge) - (change) - (kill) the below described property(ies):

TAX ACCOUNT NUMBER(S): _____ _____
ALL LOCATED IN (MAP IDENTIFICATION): _____ _____
DESCRIPTION OF PROPERTY TO BE AFFECTED: _____ _____
THE PURPOSE FOR THE ABOVE IS: _____ _____
PORTION(S) TO BE SEGREGATED IS/ARE: <input type="checkbox"/> Improved <input type="checkbox"/> Unimproved
IF IMPROVED, GIVE ADDRESS(ES): _____ _____

Mailing address for tax statement(s) if different from above:

ADDRESS	CITY	STATE:	ZIP
OWNERS SIGNATURE		DATE	